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Project-Based Service Learning Opportunities to Improve Community-Based Services

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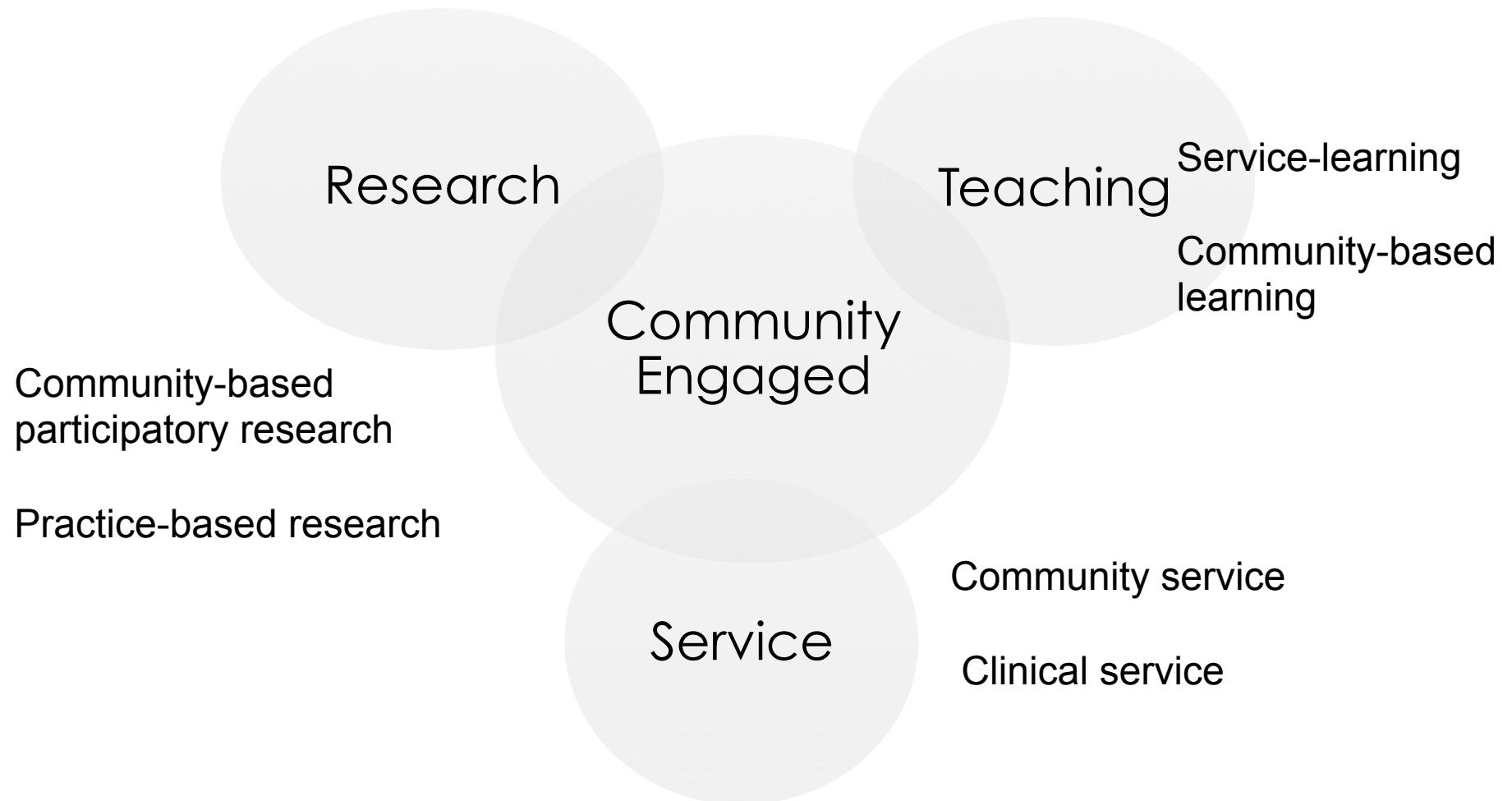
PROJECT-BASED SERVICE LEARNING OPPORTUNITIES TO IMPROVE COMMUNITY-BASED SERVICES

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University of Massachusetts Dartmouth

*Prepared for the From the Community to the Classroom:
Complementary Pathways to Service Learning and
Community Engaged Research*

6th Annual AMCCTS Community Engagement and Research
Symposium
University of Massachusetts Medical School

COMMUNITY ENGAGED RESEARCH, TEACHING, AND SERVICE





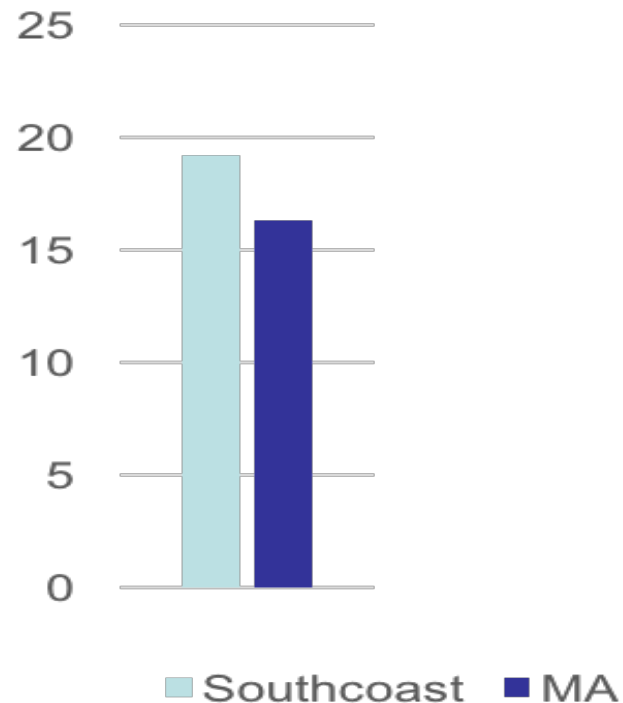
INTRODUCING CBR TO PARTNERS

CBR can benefit a community agency, school, or non-profit organization in a number of ways:

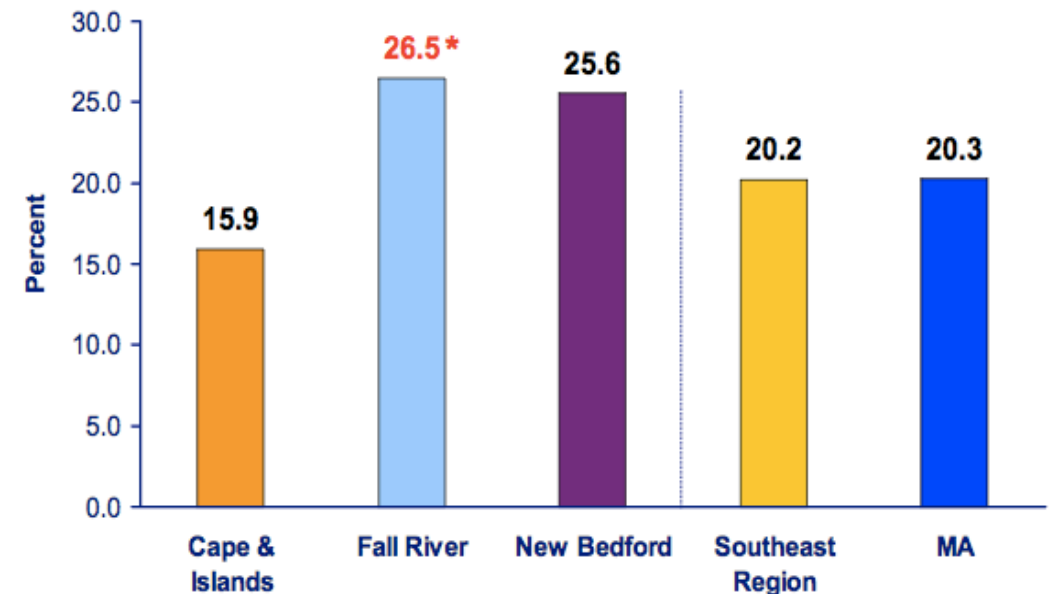
- Providing the resources to conduct research that improves the agency's capacity to meet its goal
- Accessing the expertise of faculty and student researchers

OBESITY IN SOUTHEASTERN MASSACHUSETTS

Childhood Obesity Rates



Adults who are Obese Southeast, Cities, Cape, and Massachusetts: 2006

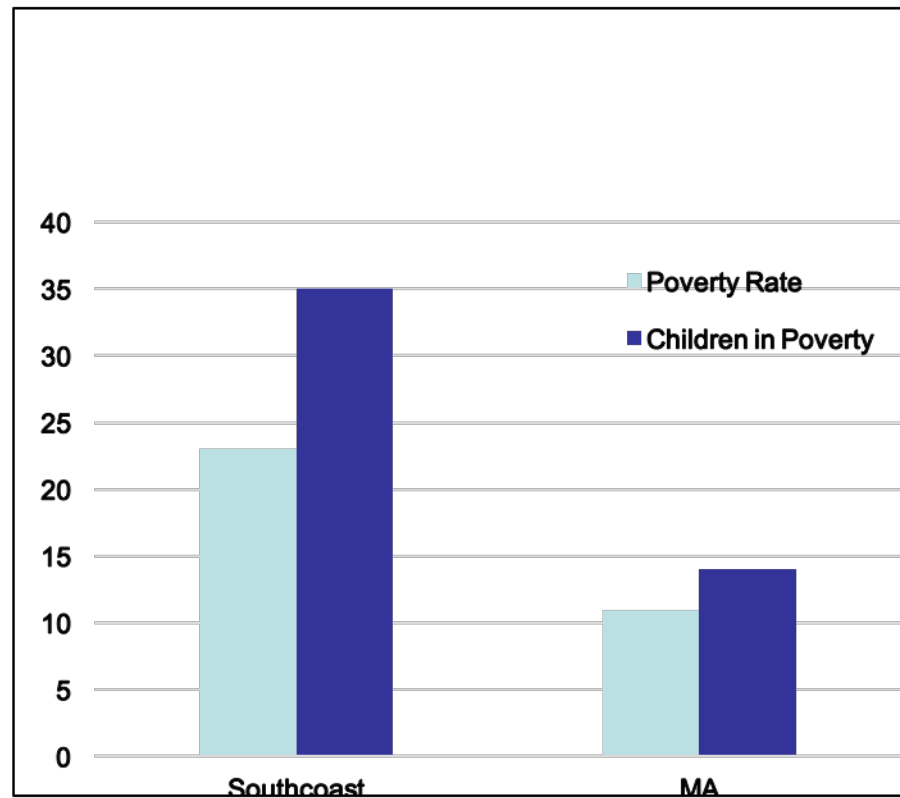


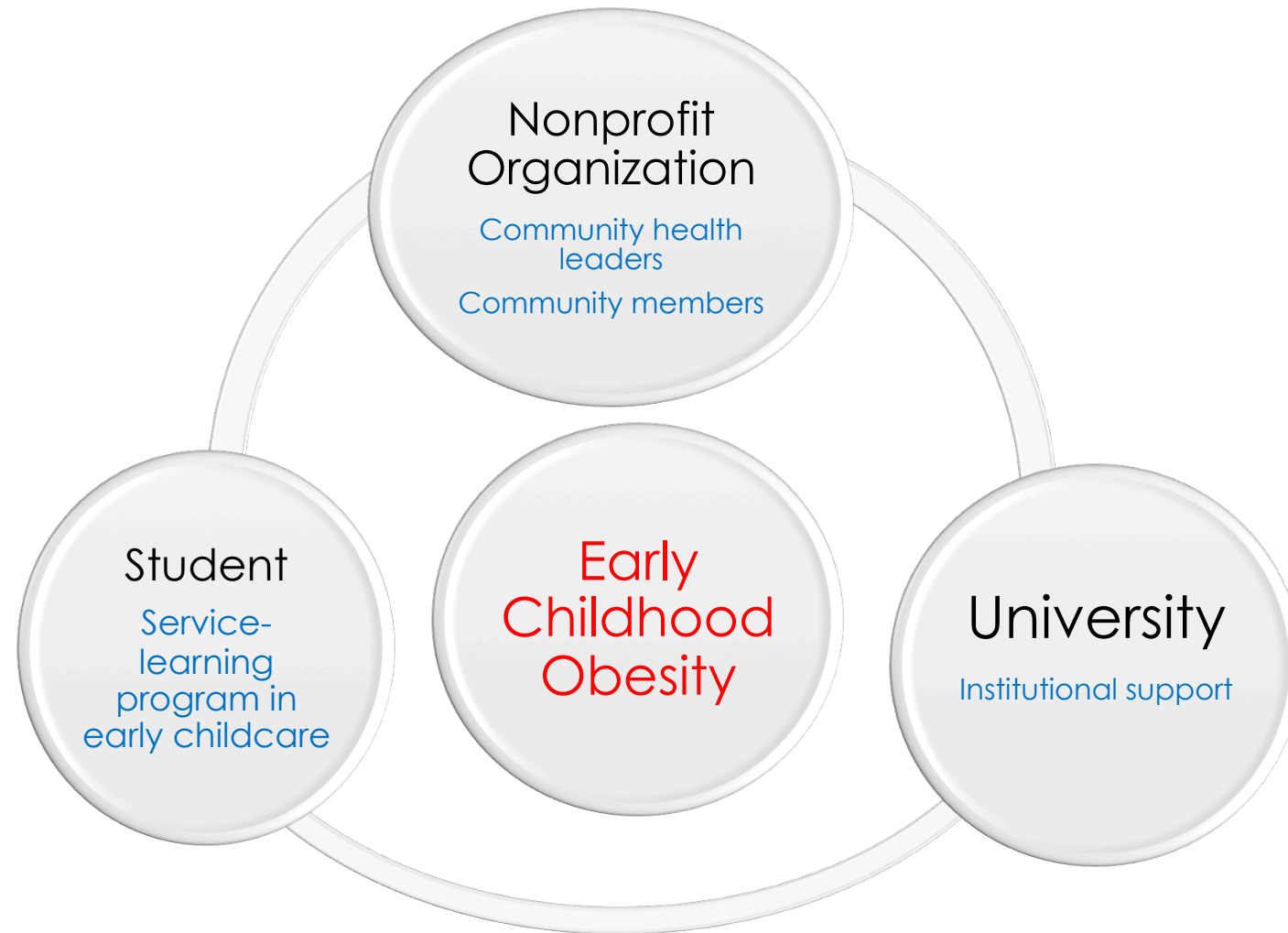
Statistically different from State ($p \leq .05$) Red (*) = Statistically worse; Green (**) = Statistically better

Obesity: BMI greater than or equal to 30

Source: MDPH, Health Information, Statistics, Research and Evaluation Bureau, Massachusetts Behavioral Risk Factor Surveillance System (BRFSS), Health Survey Program

POVERTY RATES





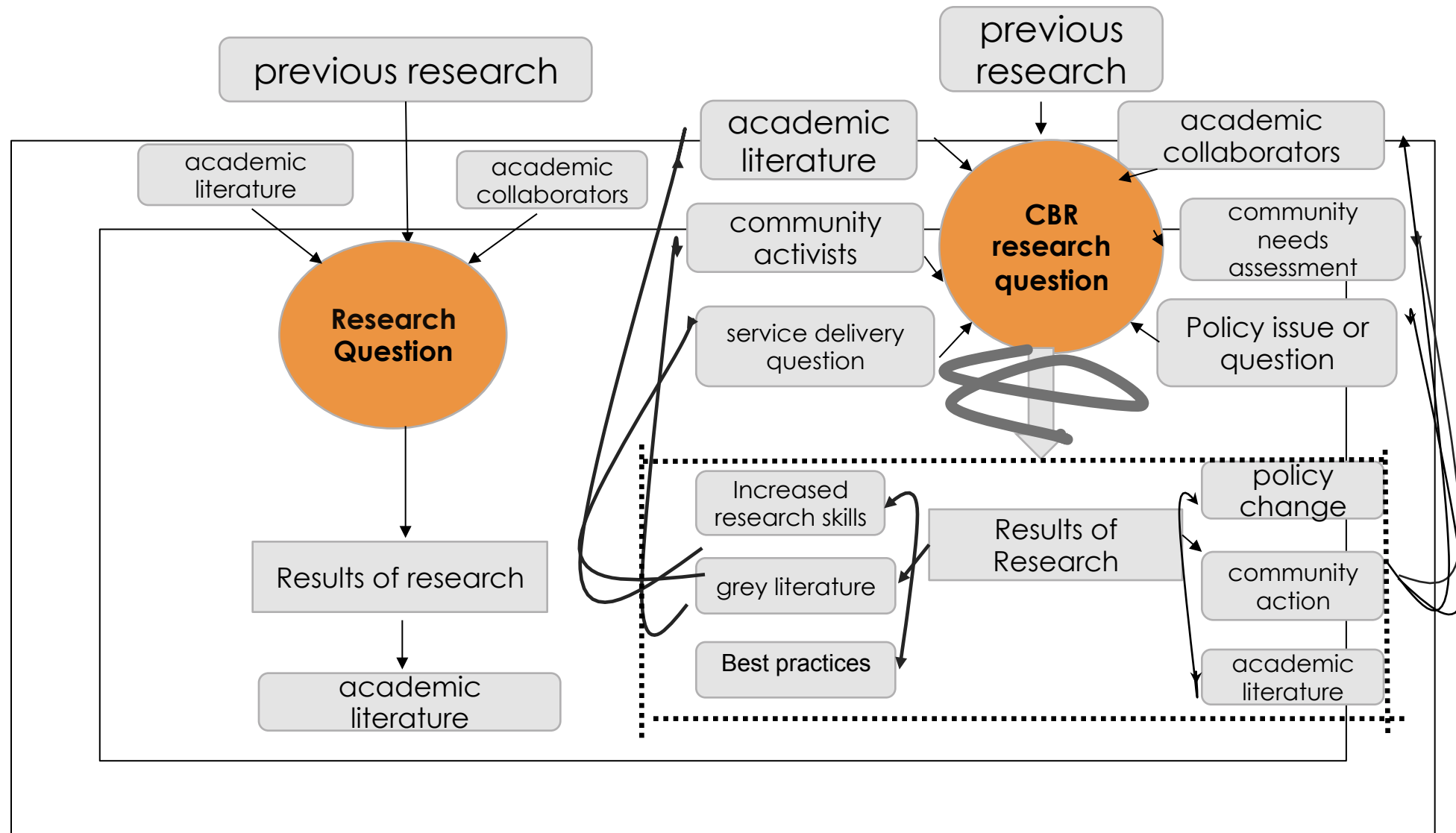
IDENTIFYING COMMUNITY NEEDS



2014-2019 Community Needs and Assets Assessment & Action Planning Process

**You are invited review the
Needs and Assets
Assessment and Action
Planning Process for the City
of Fall River and the towns of**

Every five years, [Greater Fall River Partners for a Healthier Community, Inc.](#) (Partners) conducts a community-wide health needs and assets assessment upon which an Action Plan for the following five-year period is built. The process occurred first in 2004 with the creation of the Healthy City Fall River initiative that used a citywide survey to create the first five-year Action Plan for the City. It was enlarged again in 2009 with the addition of the Mass In Motion initiative that shifted to a focus on system, policy and environmental changes to support healthier lifestyles.





IDENTIFIED AIMS

1. Determine implementation of obesity prevention best practices within ECE settings in Fall River and New Bedford.
2. Compare adherence with CDC national data
3. Identify perceived barriers and strengths to improve food and physical activity practices and environments



METHODOLOGY

- Quantitative
 - NAP SACC CDC measure
 - 53 Child care providers
- Qualitative
 - 4 Focus groups
 - Partners for Healthier Community staff members
 - “Café model”
 - 3 University students



Chi-square tests comparing self-reported nutrition practices among
Southeastern MA vs. State-wide ECE centers

LMCC Item	Low SES (n=49) Meet Bp (%)	State-wide (n=339) Meet Bp (%)	P value *	Odds Ratio
1. Offers pre-fried or fried potatoes 1x/wk or less.	47 (95.9)	303 (89.4)	.15	2.792
1. Offers fried or pre-fried meat or fish.	47 (95.9)	288 (84.7)	.034	.236
1. Drinking water is available where it is always visible and freely available, indoors only or indoors and outdoors.	47 (90.4)	268 (74.4)	.011	3.227
1. Offers 4-6oz serving of 100% fruit juice.	27 (56.3)	304 (87.4)	.000	.186
1. Offers sugar drinks 1-2x/year or less.	47 (90.4)	342 (95.5)	.116	.440
1. Offers low fat or fat-free milk 2 years or older.	36 (67.9)	286 (81.9)	.017	.466
1. Children serve some or all food themselves.	35 (66.0)	199 (61.4)	.521	1.221
Adherence to best practices (using dichotomized items from above, 4 out of 7)	47 (88.7)	321 (88.9)	.959	.976



NEXT STEPS

- Qualitative analyses
- Dissemination of findings to community partners, stakeholders, and policy-makers
- Addressing disparities



Thank you!